PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 529282001700	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		52928	2001700
Application Number 10/538,499		Filed Decem	ber 11, 2003 (Int'l)
For PYRAZINE-BASED TUBULIN INHIBITORS			
Art Unit 1615		Examiner N	lot Yet Assigned
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	Small Entity Fee	
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
X Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ 795.00
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
X Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  O3-1952  Transmittal form (PTO/SB/17) is attached to this submission in duplicate.			
l am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
x attorney or agent of record. F	Registration Numbe	r <u>46,473</u>	<u> </u>
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34			·
Ewily Jangro		Augus	st 3, 2006
Signature/		Date	
Emily C. Tongco		(858) 314-5413	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
X Total of 1 forms are submitted.			

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